

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 10/799,320

FILING DATE

APPLICANT(S)

3-12-04

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DER.	IND.	DER.	IND.	DER.
	IND.	DER.	IND.	DER.	IND.	DER.						
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17	/						67					
18		/					68					
19		/					69					
20		/					70					
21							71					
22							72					
23							73					
24	/						74					
25	/						75					
26	/						76					
27		/					77					
28	/						78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	5	0					TOTAL IND.	0				
TOTAL DER.	4	0					TOTAL DER.	0				
TOTAL CLAIMS	9						TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS